

RECEIVED
CENTRAL FAX CENTER

SEP 16 2008

FAX TRANSMISSION

DATE: September 16, 2008

PTO IDENTIFIER: Application Number 10/535,623-Conf. #7511
Patent Number

Inventor: Seijiro Tomita

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: EDWARDS ANGELL PALMER & DODGE LLP
James E. Armstrong, IV

PHONE: (202) 478-7375

Attorney Dkt. #: 80453(302770)

PAGES (Including Cover Sheet): 3

CONTENTS: Revocation of Power of Attorney or Authorization of Agent (1 page)
Certificate of Transmission (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (202) 478-7375 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

EDWARDS ANGELL PALMER & DODGE LLP
1875 Eye Street, NW, Washington, DC 20006
Telephone: (202) 478-7370 Facsimile: (202) 478-7380

SEP 16 2008

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/535,623-Conf. #7511
	Filing Date	December 2, 2005
	First Named Inventor	Seijiro Tomita
	Art Unit	2629
	Examiner Name	Y. Chow
	Attorney Docket Number	80453(302770)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: **21874**☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

☒ Firm or
Individual Name **Edwards Angell Palmer & Dodge LLP**Address **P.O. Box 55874**City **Boston**Country **US**

State

MA

Zip

02205

Telephone **(202) 478-7370**

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Seijiro Tomita

Name

Seijiro Tomita

Date

September 10, 2008

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of **1** forms are submitted.